



Saint Patrick Academy

EDUCATION FULLY ALIVE

Mind Body Spirit Pledge Form

In support of the Saint Patrick Academy Capital Campaign, I/we pledge
\$_____ . The pledge is to be paid as follows:

____ I/We have attached the full amount.

____ I/We have attached \$_____ as an initial payment of the pledge.

____ The pledge is to be paid as indicated below:

On or about the ____ day of _____ 20____ the sum of \$_____

On or about the ____ day of _____ 20____ the sum of \$_____

On or about the ____ day of _____ 20____ the sum of \$_____

On or about the ____ day of _____ 20____ the sum of \$_____

This pledge was executed on the ____ day of _____ 2020.

Signature of Donor: _____

Donor(s) Name Printed: _____

Email addresses: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone Number: _____

Please make checks out to: Saint Patrick Academy
315 Banfield Rd, Portsmouth, NH 03801 603-436-0739